

GOVERNOR'S OFFICE
INTERNSHIP APPLICATION

Please complete and return to:
Governor Bob Riley, Intern Program
State Capitol Room EB-06
Montgomery, Alabama 36130
Phone (334) 242-7100 Fax (334) 353-1190

Name: _____

Permanent Address: _____
(Home and/or Parents)

Home Telephone: _____ **School or Cell Phone:** _____

Email: _____ **Date of Birth:** _____

Parents/ Guardian: _____

Daytime Phone: _____

College or University: _____

School Address: _____

Year in School: Junior _____ Senior _____ Grad _____ Law _____

Major: _____ **Minor:** _____

GPA: _____ **Do you seek academic credit for this internship:** _____

Advisor's name and daytime phone: _____

INTERNSHIP REQUESTED:

_____ **Summer 2006 Session No 1: May 15 – June 23**
_____ **Summer 2006 Session No 2: June 26 – August 4**
_____ **Fall 2006: September 11 – December 1**
_____ **Spring 2007: February 5 – May 4 (off 1wk Spring Break)**
_____ **Summer 2007 Session No 1: May 14 – June 22**
_____ **Summer 2007 Session No 2: June 25 – August 3**

APPLICATION:

Deadline: April 3
Deadline: May 1
Deadline: August 15
Deadline: December 1
Deadline: April 3
Deadline: May 1

ACADEMIC INFORMATION: (Other Schools Attended & Date Attended)

Other: _____ **Dates (From:_____ To:_____)**

High School: _____ **Dates (From: _____ To: _____)**

Specific issue areas of interest to you:

Activities and Honors:_____

Skills applicable to internship (typing, computer, research, etc.):

Job or volunteer experience, beginning with most recent:

Names, titles and phone numbers of three references:

**Please attach a one-page essay detailing your interest in
appointment to this internship.**

**** ALL INTERNSHIP OPPORTUNITIES ARE NON-PAID POSITIONS ****

If selected, I hereby agree to abide by the rules and regulations for Governor's Office employees.

Signature of Applicant _____ **Date** _____